

# Department of Mental Health

Description	FY 2002 Approved	FY 2003 Proposed	% Change
Operating Budget	\$227,568,784	\$228,662,677	0.5

The mission of the Department of Mental Health is to develop, support and oversee a comprehensive, community-based, consumer-driven, culturally competent, quality mental health system that is responsive and accessible to children, youth, adults and their families.

The department will leverage continuous positive change through its ability to learn and to foster partnerships. The department will ensure that system providers implement services that are accountable to consumers and include active recovery models.

The agency plans to fulfill its mission by trying to achieve the following strategic result goals:

- Create the capacity to function as a viable authority for the mental health system, separate and distinct from any provider role.
- Build an accountable, culturally competent, and community-based system of care that maximizes the principles of accessibility, recovery, consumer choice, and prevention in the least restrictive environment; ensure that

the new St. Elizabeths Hospital reflects and supports the needs of consumers and family members as well as the evolving needs of courts and providers.

- Create the necessary infrastructure to support the Department's strategic direction. The infrastructure development will reflect the separation of authority and provider roles.
- Create a culture of accountability, positive working partnerships between management and labor, performance improvement, meeting and exceeding customer expectations and rewards for the system's workforce.
- Forge strong partnerships among District agencies, local health and mental health providers and with a variety of community groups, including consumer and family organizations to meet the goals of the court-ordered plan and to assure the development of a quality, responsive, consumer-driven, comprehensive mental health system for the District of Columbia.

## Did you know...

Housing units developed with capital funds in FY 2001	43
Consumers with access to new medications through the St. Elizabeths pharmacy in FY 2001	2,843
Service contracts to homeless people with mental illness in FY 2001	44,419

- FY 2003 Initiatives:
  - Complete the transition to a fee for service funding process through MHRS
  - Convert the Public Community Service Agency to the MHRS funding process and expand community services
  - Select and install a new Practice Management Information System at the Public Community Service Agency (PCSA)
  - Start construction of the new St. Elizabeths Hospital facility
  - Initiate the replacement of St. Elizabeths Hospital facility
- Select and initiate the implementation of comprehensive clinical and administrative information system at St. Elizabeths
- Expand housing options for DMH consumers
- Complete the assessment and procedures implementation to comply with the Health Insurance Portability and Accountability Act (HIPAA).
- Expand children's service initiatives in the District including expansion of school-based services.

## Where the Money Comes From

Table RM0-1 shows the sources of funding for the Department of Mental Health.

Table RM0-1

### FY 2003 Proposed Operating Budget, by Revenue Type

(dollars in thousands)

	Actual FY 2000	Actual FY 2001	Approved FY 2002	Proposed FY 2003	Change From FY 2002
Local	129,177	217,704	142,280	142,234	-46
Federal	60,064	46,506	66,925	67,100	175
Private	17,456	23,126	18,329	19,329	1,000
Other	16	0	35	0	-35
Intra-District	2,343	1,958	0	0	0
<b>Gross Funds</b>	<b>209,056</b>	<b>289,293</b>	<b>227,569</b>	<b>228,663</b>	<b>1,094</b>

### Local Funds

The proposed Local budget is \$142,233,665, a net decrease of \$46,000 from FY 2002 approved budget. The Local budget consists of \$78,312,996 for personal services and \$63,920,669 for nonpersonal services. There are 1,501 FTEs funded by Local sources, a decrease of one from FY 2002. The allocation of the FY 2002 budget is based on the budget submitted to Congress and does not reflect the recent reorganization of the agency. The FY 2002 reallocated budget is consistent with the organizational structure that is described in this chapter for FY 2003.

The significant changes are:

- A decrease of \$7,029,631 in personal services due to a restructuring of staff and the maximization of Federal resources.

- An increase of \$15,670,272 in contractual services due to the implementation of the Medicaid Rehab Option (MRO).
- A decrease of \$6,302,749 in supplies due to consumption restraints.
- A decrease of \$3,130,669 in fixed costs such as energy, telephone, rent, janitorial and security services due to the relocation of the administrative office.
- An increase of \$746,777 in services and equipment due to HIPAA compliance.

### Federal Funds

The proposed Federal budget is \$67,100,348, an increase of \$174,893 or less than one percent over the FY 2002 approved budget of \$66,925,455. The Federal budget consists of \$42,014,803 for personal services and \$25,085,545 for nonpersonal ser-

## How the Money is Allocated

Table RM0-2 shows the FY 2003 proposed budget and FTEs for the agency at the Comptroller Source Group level (Object Class level).

Table RM0-2

### FY 2003 Proposed Operating Budget, by Comptroller Source Group

(dollars in thousands)

	Actual FY 2000	Actual FY 2001	Approved FY 2002	Proposed FY 2003	Change from FY 2002
Regular Pay - Cont Full Time	86,501	90,735	101,491	98,758	-2,732
Regular Pay - Other	7,411	8,042	4,240	4,270	30
Additional Gross Pay	8,551	8,634	1,397	1,350	-47
Fringe Benefits - Curr Personnel	16,557	17,076	14,629	16,949	2,320
<i>Personal Services</i>	<i>119,021</i>	<i>124,488</i>	<i>121,756</i>	<i>121,328</i>	<i>-428</i>
Supplies And Materials	10,033	12,642	15,684	5,738	-9,946
Energy, Comm. And Bldg Rentals	9,730	6,375	8,288	7,870	-418
Telephone, Telegraph, Telegram, Etc	1,395	4,285	1,499	4,120	2,620
Rentals - Land And Structures	1,775	1,997	2,281	4,515	2,234
Janitorial Services	0	0	420	0	-420
Security Services	0	1	3,333	0	-3,333
Other Services And Charges	3,838	9,287	6,930	12,951	6,021
Contractual Services - Other	61,072	66,881	63,882	68,321	4,439
Subsidies And Transfers	16	13	35	0	-35
Equipment & Equipment Rental	2,176	2,324	3,462	3,821	359
Expense Not Budgeted Others	0	61,001	0	0	0
<i>Non-personal Services</i>	<i>90,035</i>	<i>164,806</i>	<i>105,813</i>	<i>107,335</i>	<i>1,522</i>
<b>Total Proposed Operating Budget</b>	<b>209,056</b>	<b>289,293</b>	<b>227,569</b>	<b>228,663</b>	<b>1,094</b>

Table RM0-3

### FY 2003 Full-Time Equivalent Employment Levels

	Actual FY 2000	Actual FY 2001	Approved FY 2002	Proposed FY 2003	Change from FY 2002
Continuing full time	1816.75	1708	2162	2139	-23
Term full time	168.5	141	0	22	22
<b>Total FTEs</b>	<b>1985.25</b>	<b>1849</b>	<b>2162</b>	<b>2161</b>	<b>-1</b>

vices. Medicaid and Medicare are the primary source of Federal funding. There are 638 FTEs supported by Federal funds, a decrease of 22 from FY 2002.

The significant changes are:

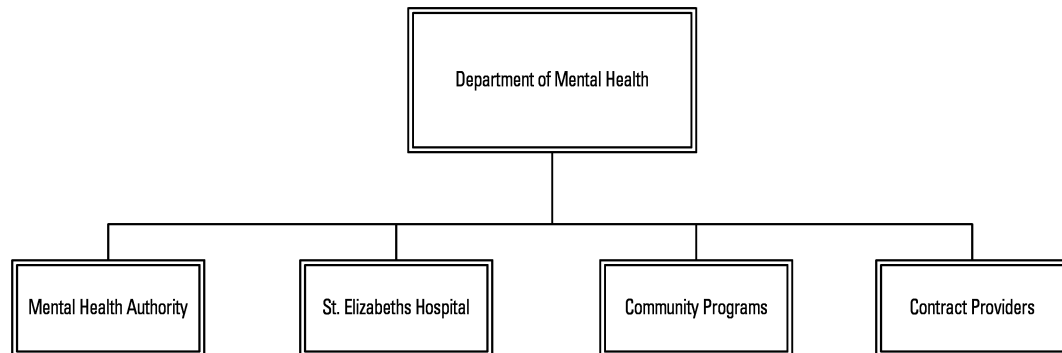
- an increase of \$5,601,671 in personal services

from grant awards to fund salaries and fringe benefits.

- a decrease of \$5,426,778 in nonpersonal services due to a decrease in Medicaid revenue projections.

Figure RM0-1

## Department of Mental Health



### Private Funds

The proposed Private budget is \$19,328,664, an increase of \$1,000,000 or 5.5 percent over the FY 2002 approved budget of \$18,328,664. The Private budget consists of \$1,000,000 for personal services and \$18,328,664 for nonpersonal services. There are 22 FTEs supported by Private funds, an increase of 22 over FY 2002.

The significant change is:

- an increase of \$1,000,000 in personal services due to the funding of 22 FTEs.

### Programs

In FY 2002, the Department restructured and transitioned into four major control centers. The centers are the Mental Health Authority, St. Elizabeths Hospital, Community Service Agency (CSA) and Community Contract Providers.

The **Mental Health Authority** provides a clear distinction between the department's dual role as provider of services, purchaser and overseer of the District's mental health system. Functions of the authority include: quality improvement, planning and policy development, delivery systems management, fiscal and information services, consumer relations, government and public relations. In addition to the DMH authority there are two other aspects of DMH that provide direct services to consumers; St. Elizabeths Hospital and the Public Community Services Agency.

**St Elizabeths Hospital** is the DMH-operated facility that provides a variety of inpatient

mental health services to consumers in the District. The Public Community Services Agency (PCSA) is the DMH-operated outpatient provider of core services, specialty services, and other DMH-funded services to consumers in the District.

The **Community Contract Providers** will focus on reducing utilization of facility-based services and out-of-home placements. This may include crisis/emergency services, community-based interventions, rehabilitation programs, partial hospitalizations, and Assertive Community Treatment (ACT). DMH will continue to contract for various residential, vocational and advocacy services that support children, youth and their families.

Other DMH programs and services:

### Office of the Director

The Director of DMH is the chief mental health officer for the District and the principal advisor to the Mayor on mental health policies and programs. The Director serves as the chief executive officer for DMH, organizing the department for its efficient operation, including creating offices and exercising powers necessary and appropriate to implement the law. Also within this office are the following positions:

**Senior Deputy Director** shares responsibility and assists the director in all phases of managing the department.

**Chief Compliance Officer and Regulatory Counsel** develop and implement compliance

plans in accordance with Federal and local requirements.

**General Counsel** serves as the principal legal advisor to the director and senior management.

**Chief Financial Officer** is responsible for certifying the availability of funds and for the overall preparation of the DMH budget, and for oversight and direction for fiscal services in concert with the Office of Fiscal and Administrative Services.

**Chief Clinical Officer** advises the Director and staff on standards, quality assurance, clinical risk management and clinical services

### **Organizational Development**

This function redesigns agency work structure and recommends and performs tasks to restructure the public mental health system to better respond to consumer needs and develops systems to assist all staff to perform their jobs effectively.

### **Consumer and Family Affairs**

This function promotes the involvement of consumers and their family members in the management and delivery of services in the DMH system. This function also advocates for consumer issues across departmental and systems activities.

### **Public Affairs**

This function develops and conducts a full range of communications and public affairs activities and assists in the management of intergovernmental affairs.

### **Office of Fiscal and Administrative Services**

This office, in concert with the CFO, provides oversight and direction for all DMH fiscal services, plans for facilities management, operates a contract management system, prepares and oversees DMH budgeting, and administers human resources and labor management for DMH.

### **Office of Delivery Systems Management**

This office implements the service delivery management functions across the mental health systems of care. It also conducts planning and

arranges for the delivery of services through human care service agreements and other contract vehicles. Delivery Systems Management also develops and operates the Access/HelpLine (HUB), and oversees implementation of the DMH Housing Plan.

### **Office of Accountability**

This office has four (4) functions:

- certify and re-certify all providers of DMH MHRs.
- license certain providers of DMH services.
- oversee all of the QI activities conducted by DMH.
- write the policies and procedures that are developed by DMH.

### **Medicaid**

The department uses Medicaid as a major funding source for community-based services and seeks to maximize Medicaid reimbursement at the service and administrative levels. DMH administers, through an agreement with the Medical Assistance Administration (MAA), portions of the state Medicaid program that pertains to mental health.

Most consumers of DMH services are Medicaid and Medicare recipients. The agency reports that approximately 60 percent of those on the roles of DMH are Medicaid eligible. In FY 2003, DMH projects Medicaid and Medicare reimbursement of approximately \$78,114,000 for mental health services provided to eligible District residents. The projected Medicaid revenue of \$60,285,446 is derived from five categories: inpatient psychiatric services, disproportionate share hospital payment (DSH), administrative services, Medicaid Rehabilitation Option (MRO), and outpatient services.

Medicaid and Medicare revenues fund both personal and nonpersonal services for the Mental Health Authority, St. Elizabeths Hospital, and the Public Community Services Agency. The FY 2003 budget includes Medicaid and Medicare funded expenditures and their related Local funds match. The agency reports a Local fund match of \$25,836,620 for FY 2003. The Local funds required to leverage Federal dollars are distributed

throughout Control Center 0010 Mental Health Authority for \$1,077,633, Control Center 0020 Community Services Agency for \$8,363,048, and Control Center 0030 St. Elizabeths Hospital for \$16,395,939.

Table RM0-2

## Capital Improvement Plan, FY 2001-FY 2008

(dollars in thousands)

Cost Elements	Through FY 2001	Budgeted FY 2002	Total	FUNDING SCHEDULE						6 Years Budget	Total Budget
				Year 1 FY 2003	Year 2 FY 2004	Year 3 FY 2005	Year 4 FY 2006	Year 5 FY 2007	Year 6 FY 2008		
a. Long Term Financing:	41,201	32,519	73,719	27,411	21,083	0	0	0	0	48,494	122,213
b. Local Street Fund:	0	0	0	0	0	0	0	0	0	0	0
c. Grants:	0	0	0	0	0	0	0	0	0	0	0
d. Pay Go:	0	0	0	0	0	0	0	0	0	0	0
e. Hwy Trust Fund:	0	0	0	0	0	0	0	0	0	0	0
f. Equipment Lease	0	0	0	0	0	0	0	0	0	0	0
g. Alternative Financing	0	0	0	0	0	0	0	0	0	0	0
h. Other:	0	0	0	0	0	0	0	0	0	0	0
<b>Total:</b>	<b>41,201</b>	<b>32,519</b>	<b>73,719</b>	<b>27,411</b>	<b>21,083</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48,494</b>	<b>122,213</b>

Cost Elements	Through FY 2001	Budgeted FY 2002	Total	EXPENDITURE SCHEDULE						6 Years Budget	Total Budget
				Year 1 FY 2003	Year 2 FY 2004	Year 3 FY 2005	Year 4 FY 2006	Year 5 FY 2007	Year 6 FY 2008		
a. Design:	4,865	4,188	9,053	72	0	0	0	0	0	72	9,125
b. Site:	0	5,500	5,500	5,500	0	0	0	0	0	5,500	11,000
c. Project Management:	7,022	2,475	9,497	1,975	0	0	0	0	0	1,975	11,472
d. Construction:	28,979	20,230	49,209	19,834	17,983	0	0	0	0	37,817	87,026
e. Equipment:	334	125	459	30	3,100	0	0	0	0	3,130	3,589
<b>Total:</b>	<b>41,201</b>	<b>32,519</b>	<b>73,719</b>	<b>27,411</b>	<b>21,083</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48,494</b>	<b>122,213</b>

## Capital Improvements Plan

The Department of Mental Health's (DMH) capital improvements program was not affected by the citywide cost saving initiative for FY 2002 (refer to Capital Improvement Plan Appendix E).

The FY 2003 proposed capital budget for DMH is \$27,411,000. This includes \$26,811,000 in previously approved authority for ongoing projects, and \$600,000 in proposed new funding for roof replacements. As part of an ongoing effort to relocate St. Elizabeth's administrative and support services from the west cam-

pus to east campus, the department has undertaken numerous renovation initiatives to enable the complete consolidation of programs on the east campus. These initiatives include the removal of hazardous substances, boiler plant renovations, the demolition of DIX and JHP buildings, and the rehabilitation of existing facilities and exteriors. DMH's capital improvements program also includes funding for the construction of a new inpatient center and development of new affordable housing units for low-income mentally ill residents of the District.

## Agency Goals and Performance Measures

**Goal 1: Implement a comprehensive consumer driven system of care in the District of Columbia for mental health services and support.**

*Citywide Strategic Priority Areas:* Strengthening Children, Youth, Families and Individuals; Making Government Work

*Managers:* Win Dearing, Deputy Director, Fiscal/Admin. Services; Marcia Jones, Deputy Director of Accountability; Joy Holland, CEO, St. Elizabeth's Hospital; Juanita Price, CEO, Community Service Agency

*Supervisor:* Martha B. Knisley, Director, Department of Mental Health

**Measure 1.1: Create the necessary infrastructure to support the Department's strategic direction (percent complete).**

	2000	Fiscal Year		2003	2004
		2001	2002		
Target	N/A	N/A	80	100	N/A
Actual	N/A	N/A	-	-	-

**Measure 1.2: Develop planning and policy making capacity and ensure District agency policies are consistent with the District's Mental Health Plan requirements (percent complete).**

	2000	Fiscal Year		2003	2004
		2001	2002		
Target	N/A	N/A	80	100	N/A
Actual	N/A	N/A	-	-	-

**Measure 1.3: Fill all executive staff and leadership positions within the Department to meet requirements of Court-Ordered Plan (positions filled).**

	2000	Fiscal Year		2003	2004
		2001	2002		
Target	N/A	N/A	2	N/A	N/A
Actual	N/A	10	-	-	-

Note: Total of 12 positions.

**Goal 2: Create the capacity to function as an authority for the mental health system, separate and distinct from any provider role, to meet the goals of the court ordered plan.**

*Citywide Strategic Priority Areas:* Strengthening Children, Youth, Families and Individuals; Making Government Work

*Manager:* Marcia Jones, Deputy Director of Accountability, Senior Deputy Director

*Supervisor:* Martha B. Knisley, Director, Department of Mental Health

**Measure 2.1: Increase the number of inspection site visits conducted on facilities that serve DMH customers.**

	2000	Fiscal Year		2003	2004
		2001	2002		
Target	N/A	N/A	160	170	180
Actual	N/A	N/A	-	-	-

**Goal 3: Build an accountable, culturally competent system of care that maximizes the principles of prevention, accessibility and consumer choice in the least restrictive environment.**

*Citywide Strategic Priority Areas:* Strengthening Children, Youth, Families and Individuals; Building and Sustaining Healthy Neighborhoods

*Manager:* Mildred Williams, Deputy Director of Delivery Systems Management

*Supervisor:* Martha B. Knisley, Director, Department of Mental Health

**Measure 3.1: Increase community-based penetration rate for adults per 100,000 of population (percent).**

	2000	Fiscal Year		2003	2004
		2001	2002		
Target	N/A	2	3	5	7
Actual	1.9	1.7	-	-	-

Note: Includes individuals who are not residents of the District of Columbia.

**Measure 3.2: Increase community-based penetration rate for children per 100,000 of population.**

	2000	Fiscal Year		2003	2004
		2001	2002		
Target	N/A	2	3	5	7
Actual	1.3	1.1	-	-	-

Note: Includes individuals who are not residents of the District of Columbia.

**Measure 3.3: Increase the number of students referred and receiving school-based mental health services under the Safe Schools/Healthy Students Initiative.**

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	1500	2000	2500
Actual	N/A	1000	-	-	-

**Measure 3.4: Develop a Children's System of Care with the goal of increasing the number of children returning from out-of-District placements.**

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	20	50	75
Actual	N/A	N/A	-	-	-

**Measure 3.5: Develop a Children's System of Care with the goal of increasing the number of children identified for diversion.**

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	25	50	75
Actual	N/A	N/A	-	-	-

**Measure 3.6: Improve the accessibility, availability and quality of services and supports for adults with special needs (percent complete).**

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	25	50	100
Actual	N/A	N/A	-	-	-

**Goal 4: Commence enhancements to the Department's information system and hospital facility.**

*Citywide Strategic Priority Areas:* Strengthening Children, Youth, Families and Individuals; Making Government Work

*Managers:* Win Dearing, Deputy Director of Fiscal/Admin. Services; Joy Holland, CEO, St. Elizabeth's Hospital

*Supervisor:* Martha B. Knisley, Director, Department of Mental Health

**Measure 4.1: Enhance information systems support, management and technology (percent complete).**

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	25	50	100
Actual	N/A	N/A	-	-	-

**Measure 4.2: Commence planning and design of the new St. Elizabeth's Hospital (percent complete).**

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	12.5	50	90
Actual	N/A	N/A	-	-	-

**Goal 5: Forge strong partnerships between and among District agencies, local health and mental health providers and with a variety of community groups including consumer and family organizations to meet the goals of the court ordered plan and assure the development of a quality, responsive, consumer driven, comprehensive mental health system for the District of Columbia.**

*Citywide Strategic Priority Area:* Strengthening

Children, Youth, Families and Individuals

*Managers:* Michael R. Fain, Executive Assistant, Policy and Planning; Juanita Price, CEO, Community Services Agency; Margaret Worthy, Director, Office of Consumer and Family Affairs; Linda Kaufman, Director, Organizational Development; Steve Steury, Acting Chief Clinical Officer; Linda Grant, Director, Public Information Office; Mildred Williams, Deputy Director, Delivery Systems Management

*Supervisor:* Martha B. Knisley, Director, Department of Mental Health

**Measure 5.1: Develop affiliation agreements with area universities and their professional colleges and schools.**

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	3	2	2
Actual	N/A	N/A	-	-	-

**Measure 5.2: Establish a network of consumer and family resource centers to enable consumers, family members, advocates and caregivers to provide services, training, and services oversight functions with caregivers, peers and family members (percent complete).**

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	25	50	100
Actual	N/A	N/A	-	-	-